| Fill | in this information to identify your case: | | | | |
|----------|---|-----------------------------------|---|---------|--------------------|
| Deb | tor 1 Levi L. Jones | | | | |
| Dah | | ddle Name Last Na | ame | | |
| 1 | tor 2 Martha J. Jones se if, filing) First Name Mi | ddle Name Last Na | ame | | |
| Unit | ed States Bankruptcy Court for the: DISTR | CT OF MONTANA | | | |
| Cas | e number 19-60110 | | | | |
| (if kn | 10 00110 | | | ☐ CI | heck if this is an |
| <u> </u> | | | | ar | mended filing |
| | | | | | |
| Of | ficial Form 106Sum | | | | |
| Su | mmary of Your Assets and Li | abilities and Certair | n Statistical Information | | 12/15 |
| info | s complete and accurate as possible. If two mation. Fill out all of your schedules first; to original forms, you must fill out a new Suntil Summarize Your Assets | hen complete the information | on this form. If you are filing amend | | |
| | | | | Vo | ur assets |
| | | | | | ue of what you own |
| 1. | Schedule A/B: Property (Official Form 106A | /B) | | | 40.000.00 |
| | 1a. Copy line 55, Total real estate, from Sche | dule A/B | | \$. | 12,000.00 |
| | 1b. Copy line 62, Total personal property, from | n Schedule A/B | | \$ | 4,302.06 |
| | 1c. Copy line 63, Total of all property on Sche | edule A/B | | \$ | 16,302.06 |
| Par | 2: Summarize Your Liabilities | | | | |
| | | | | Vo | ur liabilities |
| | | | | | ount you owe |
| 2. | Schedule D: Creditors Who Have Claims Sec 2a. Copy the total you listed in Column A, Am | | | \$ | 9,989.98 |
| | , | | | ٠, | · |
| 3. | Schedule E/F: Creditors Who Have Unsecure 3a. Copy the total claims from Part 1 (priority | | | \$ | 76.76 |
| | 3b. Copy the total claims from Part 2 (nonprio | ority unsecured claims) from line | e 6j of Schedule E/F | \$ | 37,061.73 |
| | | | | | |
| | | | Your total liabilities | \$ | 47,128.47 |
| | | | | | |
| Par | 3: Summarize Your Income and Expense | es | | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from lin | e 12 of Schedule I | | \$ | 2,462.21 |
| 5. | Schedule J: Your Expenses (Official Form 10 | | | - | |
| σ. | Copy your monthly expenses from line 22c of | | | \$ | 2,104.00 |
| Par | 4: Answer These Questions for Adminis | trative and Statistical Record | s | | |
| 6. | Are you filing for bankruptcy under Chapte ☐ No. You have nothing to report on this p | | and submit this form to the court with yo | ur othe | r schedules. |
| 7. | Yes What kind of debt do you have? | | | | |
| • | · | | | | |
| | Your debts are primarily consumer de household purpose." 11 U.S.C. § 101(8) | | | a perso | onal, family, or |

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

3,104.50

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Tota | l claim |
|--|------|---------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 76.76 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$_ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$_ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$_ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 76.76 |

| | is information | to lacitary you | ai case and ti | | 9. | | | |
|--------------------------------|--|---|------------------------|-----------|---|---|---|---|
| Debtor 1 | | vi L. Jones | N A: al al l | - Nama | Leat Name | | | |
| Debtor 2 | | riname artha J. Jones | | e Name | Last Name | | | |
| Spouse, if f | | t Name | | e Name | Last Name | | | |
| Jnited St | states Bankrupt | cy Court for the | : DISTRICT | OF MOI | NTANA | | | |
| Case nur | mber 19-60 | 110 | | | | | | ☐ Check if this is a amended filing |
| Sche each cat | tegory, separate | /B: Pro | ribe items. List | | only once. If an asset fits in more that married people are filing together, botl | | | |
| | | | | ther Real | Estate You Own or Have an Interest In | | | |
| | Go to Part 2. . Where is the pr | | ble interest in a | any resid | lence, building, land, or similar propert |)? | | |
| Yes. | . Where is the pr bin 3 Park St., Tr | operty? | | What | t is the property? Check all that apply Single-family home Duplex or multi-unit building | Do not the am | ount of any secure | aims or exemptions. Put ed claims on Schedule D: ms Secured by Property. |
| Take Cake 623 Stree | . Where is the pr bin 3 Park St., Tr | operty? Ir #4 Die, or other description | on 9870-0000 | What | t is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land | Do not the am Credito | nount of any secure ors Who Have Clain nt value of the property? | d claims on Schedule D: ms Secured by Property. Current value of the portion you own? |
| Yes. Cak 623 Stree | bin 3 Park St., Tret address, if availab | operty? Ir #4 | on | What | t is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check of | Do not the am Credito Currer entire Descri | nount of any secure ors Who Have Claim Int value of the property? \$12,000.00 ibe the nature of y | Current value of the portion you own? \$12,000.0 |
| Yes. Cak 623 Stree Stee | bin 3 Park St., Tret address, if availab | operty? Ir #4 Die, or other description | on 9870-0000 | What | st is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check of Debtor 1 only | Do not the am Credito Currer entire Descri | nount of any secure ors Who Have Claim Int value of the property? \$12,000.00 Ibe the nature of yas fee simple, ten | Current value of the portion you own? \$12,000.0 |
| Take Cake 623 Stree Stee City | bin 3 Park St., Tret address, if available | operty? Ir #4 Die, or other description | on 9870-0000 | What | single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check of Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | Do not the am Credito Currer entire Descri (such a life e | nount of any secure ors Who Have Claiment value of the property? \$12,000.00 ibe the nature of y as fee simple, ten estate), if known. | Current value of the portion you own? \$12,000.0 Your ownership interest lancy by the entireties, common control of the portion you own? |

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Part 2: Describe Your Vehicles

| Make: Volkswagen Model: Passat Debtor 1 only Debtor 1 only | □No | rucks, tractors, sport utility ve | hicles, motorcycles | Case number (if known) 1 | 9-60110 |
|--|--|--|--|--------------------------|---|
| Mode: Passat | Yes | | | | |
| Poetror 2 only Debtor 2 only Debtor 2 only Debtor 3 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 3 and Debtor 2 only Debtor 3 and Debtor 2 only S1,600.00 S1,600. | - | | <u> </u> | the amount of any sec | cured claims on Schedule D: |
| Check if this is community property \$1,600.00 \$1,600 | Approxima | te mileage: 180000 | ■ Debtor 2 only □ Debtor 1 and Debtor 2 only | Current value of the | Current value of the |
| Model: SRS Debtor 1 only Debtor 2 only Debtor 3 only Debtor 3 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 8 only Debtor 8 only Debtor 8 only Debtor 9 only Debtor 1 only | Other infor | mation: | ☐ Check if this is community property | \$1,600.00 | \$1,600.0 |
| Approximate mileage: 200000 Other information: | - | | _ | the amount of any sec | cured claims on Schedule D: |
| Make: Jeep Who has an interest in the property? Check one Model: Willys Debtor 1 only Creditors Who Have Claims or exemptions. Pute amount of any secured claims on Schedule I Creditors Who Have Claims Secured by Property Property Property Current value of the entire property? Property | Approxima | te mileage: 200000 | Debtor 1 and Debtor 2 only | | Current value of the portion you own? |
| Model: Willys Debtor 1 only Current value of the entire property? Value of the entire pr | | | | \$1,400.00 | \$1,400.0 |
| Debtor 2 only Current value of the entire property? Current value of the entire property? Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 2 only | _ | • | | the amount of any sec | cured claims on Schedule D: |
| Not operable, no egine Check if this is community property \$100.00 \$100.00 Vatercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories **xemples**: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories No Yes Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here | Approxima | te mileage: | ■ Debtor 1 and Debtor 2 only | | Current value of the portion you own? |
| No Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here | | | ☐ Check if this is community property | \$100.00 | \$100.0 |
| you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secure claims or exemptions dousehold goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware No Yes. Describe | xamples: Boa | | | | |
| Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware □ No ■ Yes. Describe | ☐ Yes Add the doll | | | | \$3,100.00 |
| | Yes Add the doll pages you h | ave attached for Part 2. Write to a very series of the ser | that number here | | Current value of the portion you own? Do not deduct secured |
| | Add the doll pages you he you own or Household g | e Your Personal and Household Ite have any legal or equitable info oods and furnishings ajor appliances, furniture, linens | ems terest in any of the following items? | | Current value of the |
| | Add the doll pages you h t 3: Describe you own or Household g Examples: M. | e Your Personal and Household Ite have any legal or equitable into oods and furnishings ajor appliances, furniture, linens | ems terest in any of the following items? | | Current value of the portion you own? Do not deduct secured |

Official Form 106A/B

| Debtor 2 | | | Case number (if know | n) 19-60110 |
|-------------------------|-------------------------------------|--|--|--|
| | | 4 chairs | | \$40.00 |
| | | 1 bed | | \$200.00 |
| | | Night Stand | | \$20.00 |
| | | 2 dressers | | \$50.00 |
| | | Washer/Dryer | | \$100.00 |
| | | Microwave | | \$30.00 |
| | | Range/Oven | | \$100.00 |
| | | 10 books | | \$10.00 |
| | | Garden hand tools | | \$30.00 |
| | nples: Televisions a including cell | nd radios; audio, video, stereo, and digital equipment; o phones, cameras, media players, games 1 television | omputers, printers, scanners; music | c collections; electronic devices \$100.00 |
| Exan | other collection | figurines; paintings, prints, or other artwork; books, pictons, memorabilia, collectibles | ures, or other art objects; stamp, co | oin, or baseball card collections; |
| Exan | musical instru | graphic, exercise, and other hobby equipment; bicycles | , pool tables, golf clubs, skis; canoe | es and kayaks; carpentry tools; |
| | | 2 camaras | | \$100.00 |
| | | Fishing equipment | | \$100.00 |
| ■ No | amples: Pistols, rifles | s, shotguns, ammunition, and related equipment | | |
| 11. Clot Exa □ No | <i>mples:</i> Everyday cl | othes, furs, leather coats, designer wear, shoes, access | ories | |

| Debtor 1 Debtor 2 | Levi L. Jones Martha J. Jones | 5 | | Case number (if known) | 19-60110 |
|--------------------------|--|---|---|----------------------------------|---|
| ■ Yes | . Describe | | | | |
| | D | ebtors' clothing | | | \$200.00 |
| ■ No | | ry, costume jewelry, engaç | gement rings, wedding rings, heirld | oom jewelry, watches, gems, g | old, silver |
| Exam ■ No | arm animals aples: Dogs, cats, bird . Describe | s, horses | | | |
| ■ No | ther personal and h | • | not already list, including any h | ealth aids you did not list | |
| | | • | art 3, including any entries for p | pages you have attached | \$1,200.00 |
| Part 4: Do | escribe Your Financial | Assets | | | |
| Do you o | wn or have any lega | l or equitable interest in | any of the following? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| ■ No | | e in your wallet, in your ho | ome, in a safe deposit box, and on | hand when you file your petition | on |
| | | | ounts; certificates of deposit; share with the same institution, list each | | nouses, and other similar |
| | | | Institution name: | | |
| | | 17.1. | Metawallet, a prepaid MetaBank. | card issued by | \$2.06 |
| 18. Bonds Exam | s, mutual funds, or popules: Bond funds, inv | publicly traded stocks estment accounts with bro | okerage firms, money market acco | ounts | |
| | | Institution or issuer | name: | | |
| | oublicly traded stock venture | and interests in incorpo | orated and unincorporated busi | nesses, including an interes | t in an LLC, partnership, and |
| ■ Yes | . Give specific inform | ation about them Name of entity: | | % of ownership: | |
| | | | Corporation. This is an oration, its shares are not pay dividends | 50 shares % | \$0.00 |

Official Form 106A/B Schedule A/B: Property page 4

| Debtor 1 Debtor 2 | Levi L. Jones Martha J. Jones | 3 | Case number (if | known) 1 | 9-60110 |
|-----------------------|---|---|-----------------------|--------------|--|
| | | NANA Regional Corporation, Inc. This is an Alaska Native corporation and its shares are not transferable but they do pay dividends | 100 shares | _ % _ | \$0.00 |
| | | Bering Straits Native Corporation. This is an Alaska Native corporation and its shares are not transferable or considered an asset under title 11, 43 U.S.C. sec 1606. | 50 shares | _ % - | \$0.00 |
| | | SNC Trust, this was established by Sitnasuak Native Corporation, an Alaska Native corporation, and interests in the trust are not transferable but it does pay a small amount of money each year. | 50 shares | _ % - | \$0.00 |
| Negot | <i>iable instrument</i> s incl | e bonds and other negotiable and non-negotiable instrume ude personal checks, cashiers' checks, promissory notes, and s are those you cannot transfer to someone by signing or delive | money orders. | | |
| | Give specific informa | ation about them Issuer name: | | | |
| Examp ■ No | List each account se | ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or othe | r pension or profit-s | sharing plar | าร |
| Your s | | payments eposits you have made so that you may continue service or use n landlords, prepaid rent, public utilities (electric, gas, water), te | | companies | , or others |
| ■ No □ Yes. | | Institution name or individual: | | | |
| 23. Annuit | | periodic payment of money to you, either for life or for a numbe | r of years) | | |
| ■ No □ Yes. | lssuer | name and description. | | | |
| 26 U.S. | ts in an education II .C. §§ 530(b)(1), 529/ | RA, in an account in a qualified ABLE program, or under a $A(b)$, and $529(b)(1)$. | qualified state tuit | ion progra | ım. |
| ■ No □ Yes. | Institu | tion name and description. Separately file the records of any in | terests.11 U.S.C. § | 521(c): | |
| ■ No | | interests in property (other than anything listed in line 1), | and rights or pow | ers exerci | sable for your benefit |
| | Give specific inform | | | | |
| Examp ■ No | ples: Internet domain | marks, trade secrets, and other intellectual property names, websites, proceeds from royalties and licensing agreer | ments | | |
| | Give specific inform | | | | |
| <i>Exam</i> µ ■ No | ples: Building permits | other general intangibles , exclusive licenses, cooperative association holdings, liquor lic | censes, professiona | Il licenses | |
| ☐ Yes. | Give specific inform | ation about them | | | |
| Money or | property owed to ye | ou? | | | Current value of the portion you own? Do not deduct secured |

| | ebtor 1 ebtor 2 | Levi L. Jones Martha J. Jones | Case number (if known) | 19-60110 |
|-----|----------------------------|---|-------------------------------------|----------------------------|
| | | | , | claims or exemptions. |
| 28 | . Tax refu ■ No | ands owed to you | | |
| | ☐ Yes. 0 | Give specific information about them, including whether you already filed the re | eturns and the tax years | |
| 29 | Family s Exampl ■ No | support es: Past due or lump sum alimony, spousal support, child support, maintenand | ce, divorce settlement, property | settlement |
| | | Sive specific information | | |
| 30 | | mounts someone owes you es: Unpaid wages, disability insurance payments, disability benefits, sick pay, benefits; unpaid loans you made to someone else | vacation pay, workers' comper | nsation, Social Security |
| | _ | Give specific information | | |
| 31. | | s in insurance policies es: Health, disability, or life insurance; health savings account (HSA); credit, h | omeowner's, or renter's insuran | ce |
| | ☐ Yes. N | lame the insurance company of each policy and list its value. Company name: B | eneficiary: | Surrender or refund value: |
| 32. | If you a | erest in property that is due you from someone who has died re the beneficiary of a living trust, expect proceeds from a life insurance policy he has died. | , or are currently entitled to rece | eive property because |
| | ■ No □ Yes. | Give specific information | | |
| 33 | | against third parties, whether or not you have filed a lawsuit or made a des: Accidents, employment disputes, insurance claims, or rights to sue | emand for payment | |
| | ☐ Yes. I | Describe each claim | | |
| 34. | ■ No | ontingent and unliquidated claims of every nature, including counterclain Describe each claim | ms of the debtor and rights to | set off claims |
| 35 | . Any fina ■ No | ancial assets you did not already list | | |
| | ☐ Yes. | Give specific information | | |
| 36 | | ne dollar value of all of your entries from Part 4, including any entries for rt 4. Write that number here | | \$2.06 |
| Pa | art 5: Des | cribe Any Business-Related Property You Own or Have an Interest In. List any real | estate in Part 1. | |
| | Do you o | wn or have any legal or equitable interest in any business-related property? | | |
| | ☐ Yes. Go | o to line 38. | | |
| Pa | | cribe Any Farm- and Commercial Fishing-Related Property You Own or Have an Int u own or have an interest in farmland, list it in Part 1. | terest In. | |
| 46 | | own or have any legal or equitable interest in any farm- or commercial fis | shing-related property? | |
| | ☐ Yes. | Go to line 47. | | |

| Levi L. Jones Martha J. Jones | Case number (if known) | 19-60110 | |
|----------------------------------|------------------------|----------|--|
| | | | |

| Part | Describe All Property You Own or Have an Interest in Tha | at You [| Did Not List Above | | |
|------|---|----------|--------------------|------------------------------|-------------|
| 53. | Do you have other property of any kind you did not already Examples: Season tickets, country club membership | y list? | | | |
| | No | | | | |
| | ☐ Yes. Give specific information | | | | |
| 54. | Add the dollar value of all of your entries from Part 7. Wri | ite that | number here | | \$0.00 |
| Part | List the Totals of Each Part of this Form | | | | |
| 55. | Part 1: Total real estate, line 2 | | | | \$12,000.00 |
| 56. | Part 2: Total vehicles, line 5 | | \$3,100.00 | | |
| 57. | Part 3: Total personal and household items, line 15 | | \$1,200.00 | | |
| 58. | Part 4: Total financial assets, line 36 | | \$2.06 | | |
| 59. | Part 5: Total business-related property, line 45 | | \$0.00 | | |
| 60. | Part 6: Total farm- and fishing-related property, line 52 | | \$0.00 | | |
| 61. | Part 7: Total other property not listed, line 54 | + | \$0.00 | | |
| 62. | Total personal property. Add lines 56 through 61 | _ | \$4,302.06 | Copy personal property total | \$4,302.06 |
| | | | | | |

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$16,302.06

| Fill in this information to identify your case: | | | | | | | |
|---|-----------------|---------------------|-----------|--|--------------------------------------|--|--|
| Debtor 1 | Levi L. Jones | Middle Name | L 4 N | | | | |
| | First Name | Middle Name | Last Name | | | | |
| Debtor 2 | Martha J. Jones | | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | | |
| United States Bankruptcy Court for the: | | DISTRICT OF MONTANA | | | | | |
| Case number | 19-60110 | | | | | | |
| (if known) | | | | | ☐ Check if this is an amended filing | | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Pa | rt 1: Identify the Property You Claim as E | Exempt | | | | | | | | |
|----|---|---|--------|---|------------------------------------|--|--|--|--|--|
| 1. | Which set of exemptions are you claiming | Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you. | | | | | | | | |
| | ■ You are claiming state and federal nonban | kruptcy exemptions. | 11 U.S | S.C. § 522(b)(3) | | | | | | |
| | ☐ You are claiming federal exemptions. 11 | U.S.C. § 522(b)(2) | | | | | | | | |
| 2. | For any property you list on Schedule A/B | that you claim as exc | empt, | fill in the information below. | | | | | | |
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amo | ount of the exemption you claim | Specific laws that allow exemption | | | | | |
| | | Copy the value from Schedule A/B | Che | ck only one box for each exemption. | | | | | | |
| | Cabin 623 Park St., Trlr #4 | \$12,000.00 | | \$12,000.00 | Mont. Code Ann. §§ | | | | | |
| | Stevensville, MT 59870 Ravalli County Not permanently affixed to the ground Line from <i>Schedule A/B</i> : 1.1 | | | 100% of fair market value, up to any applicable statutory limit | 70-32-104, 25-13-615 | | | | | |
| | 1999 Volkswagen Passat 180000 | \$1,600.00 | • | \$1,600.00 | Mont. Code Ann. § 25-13-609(2) | | | | | |
| | Line from Schedule A/B: 3.1 | | | 100% of fair market value, up to any applicable statutory limit | 20 10 000(2) | | | | | |
| | 1982 Toyota SR5 200000 miles Line from Schedule A/B: 3.2 | \$1,400.00 | • | \$1,400.00 | Mont. Code Ann. § 25-13-609(2) | | | | | |
| | Ellie II oli II ochedate 74 B. G.Z | | | 100% of fair market value, up to any applicable statutory limit | 20-10-005(2) | | | | | |
| | Couch Line from Schedule A/B: 6.1 | \$100.00 | | \$100.00 | Mont. Code Ann. § 25-13-609(1) | | | | | |
| | Ellie II oli II ochedate 24 B. G. 1 | | | 100% of fair market value, up to any applicable statutory limit | 20-10-005(1) | | | | | |
| | 2 tables Line from Schedule A/B: 6.2 | \$20.00 | | \$20.00 | Mont. Code Ann. § | | | | | |
| | Line from Schedule A/B: 6.2 | | | 100% of fair market value, up to | 25-13-609(1) | | | | | |

Case number (if known)

19-60110

| iviai tila J. Julies | | | | |
|--|--------------------------------------|-----|---|------------------------------------|
| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amo | ount of the exemption you claim | Specific laws that allow exemption |
| | Copy the value from Schedule A/B | Che | ck only one box for each exemption. | |
| 4 chairs | \$40.00 | | \$40.00 | Mont. Code Ann. § |
| Line from Schedule A/B: 6.3 | | | 100% of fair market value, up to any applicable statutory limit | 25-13-609(1) |
| 1 bed Line from <i>Schedule A/B</i> : 6.4 | \$200.00 | • | \$200.00 | Mont. Code Ann. § 25-13-609(1) |
| | | | 100% of fair market value, up to any applicable statutory limit | |
| Night Stand Line from Schedule A/B: 6.5 | \$20.00 | | \$20.00 | Mont. Code Ann. § 25-13-609(1) |
| | | | 100% of fair market value, up to any applicable statutory limit | , |
| 2 dressers Line from Schedule A/B: 6.6 | \$50.00 | | \$50.00 | Mont. Code Ann. § 25-13-609(1) |
| | | | 100% of fair market value, up to any applicable statutory limit | 20.10.000(1, |
| Washer/Dryer Line from Schedule A/B: 6.7 | \$100.00 | | \$100.00 | Mont. Code Ann. § 25-13-609(1) |
| Ellie IIolii <i>Schedule A.D.</i> G.1 | | | 100% of fair market value, up to any applicable statutory limit | 20-10-003(1) |
| Microwave Line from Schedule A/B: 6.8 | \$30.00 | | \$30.00 | Mont. Code Ann. § 25-13-609(1) |
| Ellie II oli osilodale 702. G.C | | | 100% of fair market value, up to any applicable statutory limit | 20 10 000(1) |
| Range/Oven Line from Schedule A/B: 6.9 | \$100.00 | | \$100.00 | Mont. Code Ann. § 25-13-609(1) |
| Ellie II oli osilodale 702. G.G | | | 100% of fair market value, up to any applicable statutory limit | 20 10 000(1) |
| 10 books Line from Schedule A/B: 6.10 | \$10.00 | | \$10.00 | Mont. Code Ann. § 25-13-609(1) |
| Ellie lioni osilodale /v2. G.10 | | | 100% of fair market value, up to any applicable statutory limit | 20 10 000(1) |
| Garden hand tools Line from Schedule A/B: 6.11 | \$30.00 | | \$30.00 | Mont. Code Ann. § 25-13-609(1) |
| | | | 100% of fair market value, up to any applicable statutory limit | |
| 1 television Line from Schedule A/B: 7.1 | \$100.00 | | \$100.00 | Mont. Code Ann. § 25-13-609(1) |
| | | | 100% of fair market value, up to any applicable statutory limit | |
| 2 camaras Line from Schedule A/B: 9.1 | \$100.00 | | \$100.00 | Mont. Code Ann. § 25-13-609(1) |
| EING HOITI GCHGUUIC PAD. 3.1 | | | 100% of fair market value, up to any applicable statutory limit | 20-10-000(1) |

Levi L. Jones Debtor 1 19-60110 Martha J. Jones Case number (if known) Debtor 2 Current value of the Brief description of the property and line on Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B Fishing equipment Mont. Code Ann. § \$100.00 \$100.00 Line from Schedule A/B: 9.2 25-13-609(1) 100% of fair market value, up to any applicable statutory limit **Debtors' clothing** Mont. Code Ann. § \$200.00 \$200.00 Line from Schedule A/B: 11.1 25-13-609(1) 100% of fair market value, up to any applicable statutory limit Metawallet, a prepaid card issued by Mont. Code Ann. § 25-13-614 \$2.06 \$2.06 MetaBank. Line from Schedule A/B: 17.1 100% of fair market value, up to any applicable statutory limit 3. Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

No

Yes

| | | | | | _ | |
|--------------------------------------|----------------------|---|---------------|---------------------------------|--|----------------------|
| Fill in this informat | tion to identify you | ır case: | | | | |
| Debtor 1 | Levi L. Jones | | | | | |
| _ | First Name | Middle Name La: | st Name | | | |
| Debtor 2 | Martha J. Jones | | -4 N | | | |
| (Spouse if, filing) | First Name | Middle Name Las | st Name | | | |
| United States Bankr | ruptcy Court for the | DISTRICT OF MONTANA | | | | |
| Case number 19. | -60110 | | | | | |
| (if known) | | | | | ☐ Check | if this is an |
| | | | | | ameno | ded filing |
| Official Form | 106D | | | | | |
| | | Who Have Claims Co | d | h D | | |
| Schedule D | : Creditors | Who Have Claims Se | curea | by Propert | <u>y </u> | 12/15 |
| | | If two married people are filing together, bout, number the entries, and attach it to th | | | | |
| 1. Do any creditors ha | ve claims secured by | your property? | | | | |
| | • | his form to the court with your other sch | edules. You | ı have nothing else t | o report on this form. | |
| | l of the information | · | | g | | |
| | | pelow. | | | | |
| Part 1: List All S | Secured Claims | | | Column A | Column B | Column C |
| | | more than one secured claim, list the creditor separately is a particular claim, list the other creditors in Part 2. As | | Amount of claim | Value of collateral | Unsecured |
| | | cal order according to the creditor's name. | ait Z. As | Do not deduct the | that supports this | portion |
| 2.1 BLI Rentals, | LLC | Describe the property that secures the c | laim: | value of collateral. \$9,989.98 | claim \$12,000.00 | If any \$0.00 |
| Creditor's Name | , LLG | Cabin 623 Park St., Trlr #4 | | ψ9,909.90 | φ12,000.00 | φυ.υυ |
| | | Stevensville, MT 59870 Ravalli | | | | |
| | | County | | | | |
| | | Not permanently affixed to the | | | | |
| | | ground | | | | |
| PO Box 992 | | As of the date you file, the claim is: Chec | k all that | | | |
| Emporia, KS | | apply. Contingent | | | | |
| | ty, State & Zip Code | ☐ Unliquidated | | | | |
| Hambor, Olivot, Oli | ty, claic a zip code | ☐ Disputed | | | | |
| Who owes the debt | ? Check one. | Nature of lien. Check all that apply. | | | | |
| ■ Debtor 1 only | | ■ An agreement you made (such as morte | and or once | rod | | |
| ☐ Debtor 2 only | | car loan) | yaye or secul | Gu | | |
| Debtor 1 and Debtor | 0 | , | :-!- !:\ | | | |
| | • | Statutory lien (such as tax lien, mechan | ic's lien) | | | |
| At least one of the | | Judgment lien from a lawsuit | | | | |
| ☐ Check if this claim community debt | n relates to a | Other (including a right to offset) | | | | |
| | August, | | | | | |
| Date debt was incurre | ed <u>2017</u> | Last 4 digits of account number | | | | |
| | | | | | | |
| Add the deller | | ahara A arabia nang Maraba | | 40.00 | 20.00 | |
| | = | olumn A on this page. Write that number he the dollar value totals from all pages. | nere: | \$9,98 | | |
| Write that number h | | and admin funde totals from all pages. | | \$9,98 | 39.98 | |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

| Fill in this infor | mation to identify your | case: | | | | |
|-------------------------------------|---|--|---|-------------------------|----------------------|--------------------|
| Debtor 1 | Levi L. Jones | | | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 | Martha J. Jones | ACT III AI | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | |
| United States B | ankruptcy Court for the: | DISTRICT OF MONTANA | | | | |
| Case number | 19-60110 | | | | | |
| (if known) | | | | | | (if this is an |
| | | | | | amen | ded filing |
| Official For | m 106F/F | | | | | |
| | | /ho Have Unsecure | d Claims | | | 12/15 |
| | | e Part 1 for creditors with PRIO | | | | |
| Part 1: List A | umber (if known). All of Your PRIORITY Un | | | | ,,, | |
| | tors have priority unsecure | d claims against you? | | | | |
| ☐ No. Go to | Part 2. | | | | | |
| Yes. | | | | | | |
| identify what t possible, list t | ype of claim it is. If a claim ha he claims in alphabetical orde | s. If a creditor has more than one pass both priority and nonpriority amore according to the creditor's name articular claim, list the other credito | ounts, list that claim here a . If you have more than tw | nd show both priority a | nd nonpriority amour | nts. As much as |
| (For an explar | nation of each type of claim, s | see the instructions for this form in | the instruction booklet.) | | | |
| | | | | Total claim | Priority amount | Nonpriority amount |
| 2.1 Interna | al Revenue Service | Last 4 digits of acc | ount number | \$0.00 | \$0.00 | |
| , | reditor's Name | | | | | |
| PO Bo | x 7346 elphia, PA 19101 | When was the debt | incurred? | | | |
| | Street City State Zlp Code | As of the date you | file, the claim is: Check a | all that apply | | |
| Who incurre | ed the debt? Check one. | ☐ Contingent | | | | |
| Debtor 1 | only | ☐ Unliquidated | | | | |
| Debtor 2 | only | □ Disputed | | | | |
| ■ Debtor 1 | and Debtor 2 only | Type of PRIORITY | unsecured claim: | | | |
| ☐ At least of | one of the debtors and anothe | er Domestic suppor | rt obligations | | | |
| | this claim is for a commur | _ | in other debts you owe the | government | | |
| | subject to offset? | <u> </u> | or personal injury while yo | • | | |
| ■ No | • | Other. Specify | | | | |
| ☐ Yes | | _ | Notice Only | | | _ |

| | or 1 Levi L. Jones or 2 Martha J. Jones | Case numb | oer (if known) | 19-60110 | | |
|------|---|---|--------------------|-----------------|--------------|----------|
| 2.2 | Montana Dept. of Revenue Priority Creditor's Name | Last 4 digits of account number | \$76.76 | \$ | 0.00 | \$76.76 |
| | Bankruptcy Specialist PO Box 7701 Helena, MT 59604 | When was the debt incurred? | | - | | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all the | at apply | | | |
| | Who incurred the debt? Check one. | ☐ Contingent | | | | |
| | Debtor 1 only | ☐ Unliquidated | | | | |
| | Debtor 2 only | ☐ Disputed | | | | |
| | ■ Debtor 1 and Debtor 2 only | Type of PRIORITY unsecured claim: | | | | |
| | ☐ At least one of the debtors and another | ☐ Domestic support obligations | | | | |
| | ☐ Check if this claim is for a community debt | ■ Taxes and certain other debts you owe the gove | ernment | | | |
| | Is the claim subject to offset? | ☐ Claims for death or personal injury while you we | | | | |
| | ■ No | ☐ Other. Specify | | | | |
| | ☐ Yes | Income tax | | | | |
| _ | No. You have nothing to report in this part. Submit Yes. | is form to the court with your other schedules. | | | | |
| 4. L | ist all of your nonpriority unsecured claims in the | | | | | |
| th | nsecured claim, list the creditor separately for each cl nan one creditor holds a particular claim, list the other art 2. | | | | Continuation | Page of |
| | | | | | Total claim | l |
| 4.1 | Aarons | Last 4 digits of account number | | | | \$800.00 |
| | Nonpriority Creditor's Name 34905 Reserve Street Missoula, MT 59801 | When was the debt incurred? | | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all | that apply | | | |
| | Who incurred the debt? Check one. | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agree report as priority claims | ment or divorce th | nat you did not | | |

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

Other. Specify

■ No

☐ Yes

| 2 Martha J. Jones | Case number (if known) 19-60110 | |
|--|---|--------|
| Capital One | Last 4 digits of account number 7075 | \$43 |
| Nonpriority Creditor's Name PO Box 30281 | When was the debt incurred? | |
| Salt Lake City, UT 84130 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | |
| ☐ Debtor 2 only | □ Unliquidated | |
| ☐ Debtor 1 and Debtor 2 only | Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| No | lacktriangle Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | Other. Specify Credit Card | |
| CB1 Collections | Last 4 digits of account number | \$1,39 |
| Nonpriority Creditor's Name PO Box 7429 Missoula, MT 59807 | When was the debt incurred? | |
| Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | |
| ☐ Debtor 1 only | ☐ Contingent | |
| ☐ Debtor 2 only | ☐ Unliquidated | |
| ■ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt | Obligations arising out of a separation agreement or divorce that you did not | |
| Is the claim subject to offset? ■ No | report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| □ Yes | Other. Specify Other is provided in the state of the st | |
| | | 64.0 |
| CDM Collections | | |
| CBM Collections Nonpriority Creditor's Name | Last 4 digits of account number 2173 | \$1,07 |

Number Street City State Zlp Code

Who incurred the debt? Check one.

Debtor 1 only

☐ Debtor 2 only

■ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

 $\hfill\Box$ Check if this claim is for a community

Is the claim subject to offset?

■ No ☐ Yes As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

 \square Obligations arising out of a separation agreement or divorce that you did not

report as priority claims

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify Assigned by Marcus Daly Hospital

| Debtor 1 | Levi L. Jones | | |
|----------|-----------------|------------------------|----------|
| Debtor 2 | Martha J. Jones | Case number (if known) | 19-60110 |
| | | | |

| 4.5 | Central Credit Services | Last 4 digits of account number | \$71.12 |
|-----|--|---|----------|
| | Nonpriority Creditor's Name 9550 Regency Square, Ste. 602 Jacksonville, FL 32225 | When was the debt incurred? | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ■ Debtor 1 and Debtor 2 only | □ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify | |
| 4.6 | Commonwealth Financial Nonpriority Creditor's Name | Last 4 digits of account number | \$366.00 |
| | 245 Main Street Scranton, PA 18519 | When was the debt incurred? | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ■ Debtor 1 and Debtor 2 only | □ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | lacktriangle Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify | |
| 4.7 | Community Medical Center Nonpriority Creditor's Name | Last 4 digits of account number | \$677.45 |
| | PO Box 116344 Atlanta, GA 30368 | When was the debt incurred? | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ■ Debtor 1 and Debtor 2 only | ■ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | \square Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | lacktriangle Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify | |

| Martha J. Jones | Case number (if known) 19-60110 | |
|--|---|--------------|
| CPG Physician Billing | Last 4 digits of account number | \$0.00 |
| Nonpriority Creditor's Name RCHP Billings-Missoula PO Box 116538 | When was the debt incurred? | |
| Atlanta, GA 30368 | | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| Debtor 1 only | - | |
| | Contingent | |
| Debtor 2 only | Unliquidated | |
| ■ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| lacksquare At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | Student loans | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | Other. Specify | |
| Credit Management LP | Last 4 digits of account number 6280 | \$202.00 |
| Nonpriority Creditor's Name PO Box 1182888 | When was the debt incurred? | |
| Carrollton, TX 75011 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | |
| ☐ Debtor 1 only | ☐ Contingent | |
| ■ Debtor 2 only | | |
| | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| Check if this claim is for a community | _ | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| _ | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| ■ No | | |
| Yes | ■ Other. Specify Assigned by Windstream Communication | |
| Enhanced Recovery Company | Last 4 digits of account number 7678 | \$601.00 |
| Nonpriority Creditor's Name | <u> </u> | - |
| PO Box 57547 | When was the debt incurred? | |
| Jacksonville, FL 32241 | As of the date year file the plains in Charles II that are by | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| Debtor 1 only | | |
| _ ′ | Contingent | |
| Debtor 2 only | ☐ Unliquidated | |

debt

■ No

☐ Yes

Type of NONPRIORITY unsecured claim:

■ Other. Specify Assigned by Direct TV

 $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

☐ Disputed

 \square Student loans

report as priority claims

☐ Debtor 1 and Debtor 2 only

Is the claim subject to offset?

lacksquare At least one of the debtors and another

 \square Check if this claim is for a community

| Debtor 1 | Levi L. Jones | | |
|----------|-----------------|------------------------|----------|
| Debtor 2 | Martha J. Jones | Case number (if known) | 19-60110 |
| | | | |

| 4.1 | First Premier Bank | Last 4 digits of account number 4810 | \$556.00 |
|-----|---|---|------------------|
| | Nonpriority Creditor's Name | | |
| | 3820 N. Louise Ave Sioux Falls, SD 57107 | When was the debt incurred? | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | ☐ Debtor 1 only | ☐ Contingent | |
| | ■ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | □ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | No | Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Credit Card | |
| 4.1 | IC System | Last 4 digits of account number | \$591.85 |
| | Nonpriority Creditor's Name | | |
| | PO Box 64437 | When was the debt incurred? | |
| | Saint Paul, MN 55164 Number Street City State Zlp Code | As at the date year file, the plains in Chapter all that apply | |
| | Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | | |
| | Debtor 2 only | ☐ Contingent | |
| | | Unliquidated | |
| | ■ Debtor 1 and Debtor 2 only | Disputed | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community debt | Student loans | |
| | Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Assigned by Rocky Mountain Bank | |
| 4.1 | I DUI | 007 | AT 007 00 |
| 3 | LPH Inc Nonpriority Creditor's Name | Last 4 digits of account number 387 | \$7,827.00 |
| | PO Box 2898 | When was the debt incurred? | |
| | Missoula, MT 59806 | | |
| | Number Street City State ZIp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | Student loans | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not | |
| | <u> </u> | report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | ■ No | | |
| | Yes | ■ Other. Specify Assigned by Missoula Federal Credit Union | |
| | | | |

Debtor 1 Levi L. Jones
Debtor 2 Martha J. Jones
Case number (if known) 19-60110

| 4.1 4 | LPH Inc | Last 4 digits of account number 387 | \$1,675.00 |
|----------|--|---|------------|
| | Nonpriority Creditor's Name PO Box 2898 | When was the debt incurred? | |
| | Missoula, MT 59806 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ■ Debtor 1 and Debtor 2 only | Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | \square Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Assined by Missoula Federal Credit Union | |
| 4.1 5 | Mercer County Bank Nonpriority Creditor's Name | Last 4 digits of account number | Unknown |
| | 1641 Conneaut Lake Rd Meadville, PA 16335 | When was the debt incurred? | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | \square Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | lacktriangle Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify | |
| 4.1 6 | Missoula Federal Credit Union | Last 4 digits of account number 0939 | \$0.00 |
| | Nonpriority Creditor's Name 2610 N. Reserve Missoula, MT 59808 | When was the debt incurred? 4/26/2013 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ■ Debtor 1 and Debtor 2 only | □ Disputed | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | Deficiency from a vehicle. Debtor believes this has been assigned to LPH Inc. | |

Debtor 1 Levi L. Jones
Debtor 2 Martha J. Jones Case number (if known)

| Last 4 digits of account number | 0929 | \$923.00 |
|--|--|---|
| When was the debt incurred? | 1/7/2013 | |
| As of the date you file, the claim | is: Check all that apply | |
| | | |
| ☐ Contingent | | |
| ☐ Unliquidated | | |
| ☐ Disputed | | |
| Type of NONPRIORITY unsecured | d claim: | |
| ☐ Student loans | | |
| | aration agreement or divorce that you did not | |
| <u></u> | a plane, and other similar debte | |
| | | |
| Other. Specify unsecured | ioan | |
| Last 4 digits of account number | | \$1,037.00 |
| NAME or come the debt in comme dO | | |
| When was the debt incurred? | | |
| As of the date you file, the claim | is: Check all that apply | |
| | | |
| ☐ Contingent | | |
| ☐ Unliquidated | | |
| ☐ Disputed | | |
| Type of NONPRIORITY unsecured | d claim: | |
| ☐ Student loans | | |
| ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| Debts to pension or profit-sharing | ng plans, and other similar debts | |
| Other. Specify | | |
| Last 4 digits of account number | 7767 | \$17,885.00 |
| | | ÷ , 5 0 0 . 3 0 |
| When was the debt incurred? | 12/19/2015 | |
| As of the date you file the claim | is: Check all that apply | |
| . to or the date you me, the claim | one on and apply | |
| ☐ Contingent | | |
| | | |
| • | | |
| • | d claim: | |
| ☐ Student loans | | |
| ☐ Obligations arising out of a sepa | aration agreement or divorce that you did not | |
| report as priority claims | | |
| report as priority claims Debts to pension or profit-sharin | ng plans, and other similar debts | |
| | When was the debt incurred? As of the date you file, the claim Contingent Unliquidated Disputed Type of NONPRIORITY unsecured Student loans Debts to pension or profit-sharin Debts to pension or profit-sharin Other. Specify unsecured Last 4 digits of account number When was the debt incurred? As of the date you file, the claim Contingent Unliquidated Disputed Type of NONPRIORITY unsecured Student loans Debts to pension or profit-sharin Obligations arising out of a separeport as priority claims Debts to pension or profit-sharin Other. Specify Last 4 digits of account number When was the debt incurred? As of the date you file, the claim Contingent Unliquidated Disputed Type of NONPRIORITY unsecured Student loans Student loans Student loans | As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Debts to pension or profit-sharing plans, and other similar debts Interpret as of the date you file, the claim is: Check all that apply Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Debts to pension or profit-sharing plans, and other similar debts Type of NONPRIORITY unsecured claim: Student loans Debts to pension or profit-sharing plans, and other similar debts Other. Specify Last 4 digits of account number When was the debt incurred? Type of None count number Contingent Unliquidated Disputed Type of houred? Unliquidated Disputed Type of houred? Student loans Student loans Student loans Student loans Student loans |

19-60110

| Debtor 2 Martha J. Jones | Case number (if known) 19-60110 | |
|--|---|---------------------|
| Sears/WhyNotLease | Last 4 digits of account number | \$600.00 |
| Nonpriority Creditor's Name 1750 Elm Street, Ste. 1200 Manchester, NH 03104 | When was the debt incurred? | |
| Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| ■ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | \square Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | Other. Specify | |
| Universtiy of Phoenix Nonpriority Creditor's Name Central Administration 4025 S. Riverpoint Dr. Phoenix, AZ 85040 | Last 4 digits of account number When was the debt incurred? | \$338.00 |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| ■ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| _ | ☐ Student loans | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| ☐ Yes | ■ Other. Specify | |
| is trying to collect from you for a debt you owe to son | t That You Already Listed out your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a eone else, list the original creditor in Parts 1 or 2, then list the collection agency here you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional | . Similarly, if you |

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | Total Claim |
|--------------------------------|-----|---|-----|-------------|
| | 6a. | Domestic support obligations | 6a. | \$ 0.00 |
| Total claims | | | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ 76.76 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ 76.76 |
| | | | | Total Claim |
| | 6f. | Student loans | 6f. | \$ 0.00 |
| Total claims from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that | 6g. | \$ 0.00 |

Debtor 1 Debtor 2 Levi L. Jones

Martha J. Jones

Case number (if known)

19-60110

Other. Add all other nonpriority unsecured claims. Write that amount here.

Debtor 2 Martha J. Jones

Case number (if known)

19-60110

19-60110

19-60110

6j.

37,061.73

Total Nonpriority. Add lines 6f through 6i.

| Fill in this infor | rmation to identify your | case: | | |
|---------------------|--------------------------|---------------------|-----------|------------------------------------|
| Debtor 1 | Levi L. Jones | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Martha J. Jones | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States B | ankruptcy Court for the: | DISTRICT OF MONTANA | | |
| Case number | 19-60110 | | | |
| (if known) | 10 00110 | | | Check if this is an amended filing |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| ı | Person or | company with Name, Number | whom you have th , Street, City, State and ZIF | e contract or lease | State what the contract or lease is for |
|-----|-----------|------------------------------|---|---------------------|---|
| .1 | | | · | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |
| 2.2 | | | | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |
| 2.3 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.4 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.5 | - | | | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | <u> </u> |

| Fill in this | information to identify your | case: | | | |
|--------------------------------|---|------------------------------|-------------------------|---|--|
| Debtor 1 | Levi L. Jones | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filing | Martha J. Jones First Name | Middle Name | Last Name | | |
| | ites Bankruptcy Court for the: | DISTRICT OF MONTA | | | |
| 0 | | | | | |
| Case num | ber <u>19-60110</u> | | | | ☐ Check if this is an amended filing |
| Officia | l Form 106H | | | | |
| | | - la 4 a v a | | | |
| Scnea | lule H: Your Cod | eptors | | | 12/15 |
| • | and case number (if known) you have any codebtors? (If | | | as a codebtor. | |
| ■ No □ Yes | S | | | | |
| | hin the last 8 years, have you na, California, Idaho, Louisiana. | | | | states and territories include |
| _ | | | | , | |
| _ | . Go to line 3. s. Did your spouse, former spo | uso, or logal aguivalent liv | o with you at the time? | | |
| □ 168 | s. Dia your spouse, former spor | use, or legal equivalent liv | e with you at the time! | | |
| in line Form | 2 again as a codebtor only i | f that person is a guarar | ntor or cosigner. Make | sure you have listed th | with you. List the person shown e creditor on Schedule D (Official Schedule E/F, or Schedule G to fill |
| | Column 1: Your codebtor Name, Number, Street, City, State and Z | IP Code | | Column 2: The cree Check all schedules | ditor to whom you owe the debt s that apply: |
| 3.1 | | | | ☐ Schedule D. line | } |
| | Name | | | ☐ Schedule E/F, lii | |
| | | | | ☐ Schedule G, line | · |
| | Number Street City | State | ZIP Code | _ | |
| 3.2 | | | | ☐ Schedule D, line | |
| | Name | | | ☐ Schedule E/F, lii | |
| | | | | ☐ Schedule G, line | |
| | Number Street | | | _ | |
| | City | State | ZIP Code | | |

| E-811 | :- Al-:- :- 6 | | | | | | | | | |
|--------------------|---|----------------------------|------------------------------------|-------------|------|-------------|--------------|-----------|--|----------|
| | in this information to identify your control Levi L. Jone | | | | | | | | | |
| | otor 2 Martha J. Jo | | | | _ | | | | | |
| 1 | ouse, if filing) | ones | | | _ | | | | | |
| Uni | ted States Bankruptcy Court for the | : DISTRICT OF MONT | ANA | | _ | | | | | |
| 1 | se number 19-60110 | | - | | | Chec | k if this is | s: | | |
| (If kr | nown) | | | | | l | n amend | • | | |
| | | | | | | | | | ving postpetition e following date: | |
| 0 | fficial Form 106I | | | | | Ī | MM / DD/ ` | YYYY | | |
| S | chedule I: Your Inc | ome | | | | | | | | 12/15 |
| spo atta Par | plying correct information. If you use. If you are separated and you ch a separate sheet to this form. 11: Describe Employment | ır spouse is not filing w | ith you, do not inclu | de infori | mati | on abou | t your sp | ouse. If | more space is | needed, |
| 1. | Fill in your employment information. | | Debtor 1 | | | | Debtor | 2 or non | -filing spouse | |
| | | Employment status | ■ Employed | | | | ■ Emp | loyed | | |
| | information about additional employers. | | ☐ Not employed | | | | □ Not e | employed | İ | |
| | . , | Occupation | | | | | | | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | Rocky Mountain Coating | n Custo | me | | | | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | 394 Old Corvall Hamilton, MT 59 | | | | | | | |
| | | How long employed t | here? | | | | _ | | | |
| Par | t 2: Give Details About Mor | nthly Income | | | | | | | | |
| | mate monthly income as of the duse unless you are separated. | ate you file this form. If | you have nothing to r | eport for | any | line, write | e \$0 in the | e space. | Include your nor | n-filing |
| | u or your non-filing spouse have mo e space, attach a separate sheet to | | ombine the informatio | n for all e | empl | oyers for | that pers | on on the | e lines below. If | you need |
| | | | | | | For De | btor 1 | | Debtor 2 or filing spouse | |
| 2. | List monthly gross wages, sala deductions). If not paid monthly, | | | 2. | \$ | 2 | ,812.00 | \$ | 0.00 | |
| 3. | Estimate and list monthly overt | ime pay. | | 3. | +\$ | | 0.00 | +\$_ | 0.00 | |
| 4. | Calculate gross Income. Add lin | ne 2 + line 3. | | 4. | \$ | 2,8 | 12.00 | \$ | 0.00 | |

Case number (if known)

19-60110

| | | | | For I | Debtor 1 | | r Debtor 2 or n-filing spouse |
|----------|---------------------------|---|-------------|----------|----------------|-------------|----------------------------------|
| | Сору | / line 4 here | 4. | \$ | 2,812.00 | \$ | 0.00 |
| 5. | List a | all payroll deductions: | | | <u> </u> | _ | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a. | \$ | 579.79 | \$ | 0.00 |
| | 5b. | Mandatory contributions for retirement plans | 5b. | \$ | 0.00 | \$_ | 0.00 |
| | 5c. | Voluntary contributions for retirement plans | 5c. | \$ | 0.00 | \$- | 0.00 |
| | 5d. | Required repayments of retirement fund loans | 5d. | \$ | 0.00 | <u>\$</u> - | 0.00 |
| | 5e. | Insurance | 5e. | \$ | 0.00 | \$- | 0.00 |
| | 5f. | Domestic support obligations | 5f. | \$ | 0.00 | \$- | 0.00 |
| | 5g. | Union dues | 5g. | \$ | 0.00 | \$ | 0.00 |
| | 5h. | Other deductions. Specify: | 5h.+ | \$ | 0.00 | - | 0.00 |
| ^ | | | _ | · — | | | |
| 6. 7. | | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. 7. | \$ \$ | 579.79 | \$_ \$ | 0.00 |
| | | ulate total monthly take-home pay. Subtract line 6 from line 4. | 7. | Φ | 2,232.21 | Φ_ | 0.00 |
| 8. | List a 8a. | All other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. | \$ | 0.00 | \$ | 0.00 |
| | 8b. | Interest and dividends | 8b. | \$ | 0.00 | \$_ | 0.00 |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | * \$ | 0.00 | *_ \$ | 0.00 |
| | 8d. | Unemployment compensation | 8d. | \$ | 0.00 | \$_ | 0.00 |
| | 8e. | Social Security | 8e. | \$ | 0.00 | \$_ | 0.00 |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | _ 8f. | \$ | 0.00 | \$_ | 0.00 |
| | 8g. | Pension or retirement income | 8g. | \$ | 0.00 | \$_ | 0.00 |
| | 8h. | Other monthly income. Specify: Dividends | _ 8h.+ _ | \$ | 0.00 + | — | 180.00 |
| | | Tax refund | _ | \$ | 50.00 | \$_ | 0.00 |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 50.00 | \$_ | 180.00 |
| 10 | Calar | ulate monthly income. Add line 7 + line 9. | 0. \$ | | 2,282.21 + \$ | | 180.00 = \$ 2,462.21 |
| 10. | | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | υ. Ψ | | .,202.21 + + - | | 180.00 - ψ 2,462.21 |
| 11. | State Include other | e all other regular contributions to the expenses that you list in <i>Schedule</i> de contributions from an unmarried partner, members of your household, your of friends or relatives. ot include any amounts already included in lines 2-10 or amounts that are not a | depen | , | | | |
| 12. | | the amount in the last column of line 10 to the amount in line 11. The result that amount on the Summary of Schedules and Statistical Summary of Certaines | | | | | 12. \$ 2,462.21 |
| 13. | Do yo | ou expect an increase or decrease within the year after you file this form? | • | | | | Combined monthly income |
| | | No. | | | | | |
| | | Yes. Explain: | | | | | |

| Fill | in this informa | ation to identify yo | our case: | | | | | |
|-----------|----------------------------|---|----------------|---|--|--------------|---|--|
| Deb | otor 1 | Levi L. Jone | s | | | Che | eck if this is: | |
| | otor 2 ouse, if filing) | Martha J. Jo | nes | | | | An amended filing A supplement show 13 expenses as of | ving postpetition chapter the following date: |
| Unit | ted States Bank | ruptcy Court for the | : DISTRI | CT OF MONTANA | | | MM / DD / YYYY | |
| Cas | se number 19 | 9-60110 | | | | | | |
| | nown) | 9-60110 | | | | | | |
| 0 | fficial Fo | orm 106J | | | | | | |
| S | chedule | J: Your | Exper | ises | | | | 12/15 |
| info | ormation. If m | | eded, atta | If two married people ar ch another sheet to this n. | | | | |
| Par 1. | t 1: Desc | ribe Your House nt case? | ehold | | | | | |
| | ☐ No. Go to | | | | | | | |
| | Yes. Doe | es Debtor 2 live | in a separ | ate household? | | | | |
| | ■ N | | st file Offici | al Form 106J-2, <i>Expense</i> s | s for Separate House | ehold of Del | otor 2. | |
| 2. | Do vou hav | e dependents? | □ No | | | | | |
| | Do not list D Debtor 2. | | Yes. | Fill out this information for each dependent | Dependent's relat Debtor 1 or Debto | | Dependent's age | Does dependent live with you? |
| | Do not state | the | | | | | | □ No |
| | dependents | | | | Daughter | | 4 | Yes |
| | | | | | Daughter | | 8 | □ No ■ Yes |
| | | | | | | | 4.0 | □ No |
| | | | | | Daughter | | | ■ Yes □ No |
| | | | | | | | | ☐ Yes |
| 3. | expenses of yourself an | penses include of people other t d your depende | han \square | No Yes | | | | |
| Est | timate your e | a date after the | our bankr | y Expenses uptcy filing date unless y y is filed. If this is a supp | | | | |
| the | | h assistance an | | government assistance i cluded it on <i>Schedule I:</i> Y | | | Your expo | enses |
| 4. | | or home owners nd any rent for th | | ses for your residence. I r lot. | nclude first mortgag | e 4. | \$ | 330.00 |
| | If not include | ded in line 4: | | | | | | |
| | 4a. Real | estate taxes | | | | 4a. | \$ | 0.00 |
| | | erty, homeowner's | s, or renter | 's insurance | | 4b. | · | 0.00 |
| | | | | ipkeep expenses | | 4c. | · | 0.00 |
| 5 | | eowner's associa | | | mo oquity loops | 4d. 5. | | 0.00 |
| 5. | Auditional | mortgage paym | ents for yo | our residence, such as ho | me equity loans | ე. | Ψ | 0.00 |

Levi L. Jones Debtor 1 19-60110 Debtor 2 Martha J. Jones Case number (if known) **Utilities:** 6a. Electricity, heat, natural gas 6a \$ 225.00 6h Water, sewer, garbage collection 6b. \$ 0.00 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. \$ 100.00 6d. Other. Specify: 6d. \$ 0.00 Food and housekeeping supplies 7. \$ 600.00 Childcare and children's education costs 8. \$ 50.00 Clothing, laundry, and dry cleaning 9. \$ 100.00 Personal care products and services 10. \$ 60.00 Medical and dental expenses 11 100.00 Transportation. Include gas, maintenance, bus or train fare. 400.00 12. \$ Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 50.00 14. Charitable contributions and religious donations 14. \$ 0.00 Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15a. \$ 0.00 15b. Health insurance 15b. \$ 0.00 15c. Vehicle insurance 15c. \$ 89.00 15d. Other insurance. Specify: 15d. \$ 0.00 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 16. \$ 0.00 Installment or lease payments: 17a. Car payments for Vehicle 1 17a \$ 0.00 17b. Car payments for Vehicle 2 17b. \$ 0.00 17c. Other. Specify: 17c. \$ 0.00 17d. Other. Specify: 17d. \$ 0.00 18. Your payments of alimony, maintenance, and support that you did not report as 0.00 18 \$ deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). Other payments you make to support others who do not live with you. 0.00 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a. \$ 0.00 20b. \$ 20b. Real estate taxes 0.00 20c. Property, homeowner's, or renter's insurance 20c. \$ 0.00 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00 20e. Homeowner's association or condominium dues 20e. \$ 0.00 21 +\$ 21. Other: Specify: 0.00 22. Calculate your monthly expenses 22a. Add lines 4 through 21. 2,104.00 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 \$ 22c. Add line 22a and 22b. The result is your monthly expenses. 2,104.00 23. Calculate your monthly net income. 23a. Copy line 12 (your combined monthly income) from Schedule I. 23a. \$ 2,462.21 23b. Copy your monthly expenses from line 22c above. 23b. -\$ 2,104.00 23c. Subtract your monthly expenses from your monthly income.

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☐ No.

The result is your monthly net income.

Yes.

Explain here: Debtors children have been living with Levi's parents but will be living again with the debtors beginning in April, 2019

23c.

358.21

| Fill in this inform | mation to identify your | case: | | |
|---------------------|-------------------------|---------------------|-----------|-----------------------|
| Debtor 1 | Levi L. Jones | AP. III. AI | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Martha J. Jones | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | nkruptcy Court for the: | DISTRICT OF MONTANA | | |
| Case number | 19-60110 | | | |
| (if known) | | | | ☐ Check if this is an |
| | | | | amended filing |

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Sign Below | |
|--|---|
| Did you pay or agree to pay someone who | is NOT an attorney to help you fill out bankruptcy forms? |
| ■ No | |
| Yes. Name of person | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) |
| | ve read the summary and schedules filed with this declaration and |
| that they are true and correct. X /s/ Levi L. Jones | X /s/ Martha J. Jones |
| • | X /s/ Martha J. Jones Martha J. Jones Signature of Debtor 2 |

| Fill in this infer | mation to identify. | | | | |
|---------------------|---|--|---|---|---|
| | mation to identify you | r case: | | | |
| Debtor 1 | Levi L. Jones First Name | Middle Name | Last Name | | |
| Debtor 2 | Martha J. Jones | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | DISTRICT OF MONTANA | A | | |
| Case number | 19-60110 | | | | |
| (if known) | | | | - | Check if this is an mended filing |
| | | | | | |
| Official Fo | orm 107 | | | | |
| Statemen | t of Financial | Affairs for Individ | duals Filing for B | ankruptcy | 4/16 |
| | | | | equally responsible for sup | |
| | n). Answer every ques | | • | | |
| Part 1: Give | Details About Your Ma | rital Status and Where You | Lived Before | | |
| 1. What is you | ır current marital statu | ıs? | | | |
| ■ Married Not ma | - | | | | |
| 2. During the | last 3 years, have you | lived anywhere other than | where you live now? | | |
| ■ No □ Yes. Li | st all of the places you l | ived in the last 3 years. Do no | ot include where you live now | <i>1</i> . | |
| Debtor 1 P | rior Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ad | dress: | Dates Debtor 2 lived there |
| | | | | ity property state or territory ico, Texas, Washington and W | |
| ■ No | | | | | |
| _ | ake sure you fill out <i>Sch</i> | nedule H: Your Codebtors (O | fficial Form 106H). | | |
| Part 2 Expla | in the Sources of You | r Income | | | |
| Fill in the to | al amount of income yo | nployment or from operatin u received from all jobs and a have income that you receive | all businesses, including part | | ndar years? |
| □ No | | | | | |
| _ | Il in the details. | | | | |
| | | Debtor 1 | | Debtor 2 | |
| | | | Crass insome | | Cross income |
| | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | of current year untiled for bankruptcy: | ■ Wages, commissions, bonuses, tips | \$6,313.50 | ☐ Wages, commissions, bonuses, tips | \$0.00 |
| | | ☐ Operating a business | | ☐ Operating a business | |

Official Form 107

| | | | | Debtor 1 | | Debtor 2 | | |
|-------------------|--|--|---|--|--|--|--|---|
| | | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of incor Check all that app | oly. (be | oss income fore deductions d exclusions) |
| For (Ja | last caler nuary 1 to | ndar year: December : | 31, 2018) | ■ Wages, commissions, bonuses, tips | \$36,961.00 | ☐ Wages, comm bonuses, tips | issions, | \$0.00 |
| | | | | ☐ Operating a business | | ☐ Operating a bu | ısiness | |
| | | dar year bet December | | ■ Wages, commissions, bonuses, tips | \$57,471.00 | ☐ Wages, comm bonuses, tips | issions, | \$0.00 |
| | | | | ☐ Operating a business | | ☐ Operating a bu | ısiness | |
| | winnings. List each No | If you are fili | ng a joint cas | se and you have income that | rest; dividends; money collect you received together, list it o ately. Do not include income th | nly once under Debi | tor 1. | nbling and lottery |
| | | | | Debtor 1 | | Debtor 2 | | |
| | | | | Sources of income Describe below. | Gross income from each source (before deductions and | Sources of incor Describe below. | (be | oss income efore deductions d exclusions) |
| | | | | | exclusions) | | and | |
| | · last caler nuary 1 to | ndar year: December : | 31, 2018) | Interest / Dividends | • | | and | · |
| (Ja | the calen | | fore that: | Interest / Dividends Interest / Dividends | exclusions) | | and | |
| For (Ja | the calen nuary 1 to | dar year bef December : | fore that: 31, 2017) yments You | Interest / Dividends Made Before You Filed for | \$1,775.00 \$310.00 Bankruptcy | | and | |
| (Ja For (Ja | the calen nuary 1 to | dar year bet December : t Certain Pa r Debtor 1's Neither De | fore that: 31, 2017) yments You or Debtor 2 | Interest / Dividends Made Before You Filed for 's debts primarily consume | \$1,775.00 \$1,775.00 \$310.00 Bankruptcy or debts? umer debts. Consumer debts | s are defined in 11 U | | s "incurred by an |
| For (Ja | the calen nuary 1 to t 3: Lis | dar year bet December : t Certain Pa r Debtor 1's Neither De individual p | fore that: 31, 2017) yments You or Debtor 2 bottor 1 nor E | Interest / Dividends Made Before You Filed for 's debts primarily consume Debtor 2 has primarily cons a personal, family, or househo | \$1,775.00 \$1,775.00 \$310.00 Bankruptcy or debts? umer debts. Consumer debts | | .S.C. § 101(8) a | s "incurred by an |
| For (Ja | the calen nuary 1 to t 3: Lis | dar year bet December : t Certain Pa r Debtor 1's Neither De individual p | fore that: 31, 2017) yments You or Debtor 2 bottor 1 nor E | Interest / Dividends Made Before You Filed for 's debts primarily consume Debtor 2 has primarily consi a personal, family, or househo | \$1,775.00 \$1,775.00 \$310.00 Bankruptcy or debts? umer debts. Consumer debts | | .S.C. § 101(8) a | s "incurred by an |
| For (Ja | the calen nuary 1 to t 3: Lis | dar year bet December : t Certain Pa r Debtor 1's Neither De individual p | or Debtor 2 Store that: 31, 2017) yments You or Debtor 2 Store 1 nor E orimarily for a 90 days befor Go to line 7 List below 6 paid that cr | Interest / Dividends Made Before You Filed for Some debts primarily consume Debtor 2 has primarily consume Deptor 3 has primarily consume Deptor 4 has primarily consume Deptor 4 has primarily consume Deptor 5 has primarily consume Deptor 6 has primarily consume Deptor 7 has primarily consume Deptor 9 has pr | \$1,775.00 \$1,775.00 \$310.00 Bankruptcy or debts? umer debts. Consumer debts old purpose." id you pay any creditor a total id a total of \$6,425* or more ints for domestic support oblig | of \$6,425* or more | .S.C. § 101(8) a ? ents and the tota | al amount you |
| For (Ja | the calen nuary 1 to t 3: Lis | dar year bet December : t Certain Pa r Debtor 1's Neither De individual p During the No. Yes | or Debtor 2 bottor 1 nor E orimarily for a 90 days befor Go to line 7 List below a paid that or not include | Interest / Dividends Made Before You Filed for See debts primarily consume Debtor 2 has primarily consider Depressional, family, or householder Depressional, family, or householder Depressional, family, famil | \$1,775.00 \$1,775.00 \$310.00 Bankruptcy or debts? umer debts. Consumer debts old purpose." id you pay any creditor a total id a total of \$6,425* or more ints for domestic support oblig | of \$6,425* or more n one or more paym ations, such as child | .S.C. § 101(8) a ? ents and the total support and ali | al amount you |
| For (Ja | the calennuary 1 to | dar year bet December 3 t Certain Pa r Debtor 1's Neither De individual p During the No. Yes * Subject 1 | or Debtor 2 portion 1 nor Eprimarily for a go days befor Go to line 7 List below or paid that or not include to adjustmen | Interest / Dividends Made Before You Filed for Some set of the s | \$1,775.00 \$1,775.00 \$310.00 Bankruptcy Ir debts? It debts. Consumer debts It do you pay any creditor a total It da total of \$6,425* or more in this for domestic support oblights bankruptcy case. It's after that for cases filed on | of \$6,425* or more/ n one or more paym ations, such as child or after the date of a | .S.C. § 101(8) a ? ents and the total support and ali | al amount you |
| For (Ja | the calennuary 1 to | dar year bet December 3 t Certain Pa r Debtor 1's Neither De individual p During the No. Yes * Subject 1 | or Debtor 2 portion 1 nor Eprimarily for a go days befor Go to line 7 List below or paid that or not include to adjustmen | Interest / Dividends Made Before You Filed for Se debts primarily consume Debtor 2 has primarily consist a personal, family, or househouse you filed for bankruptcy, do each creditor to whom you pareditor. Do not include payme payments to an attorney for tot on 4/01/19 and every 3 years or both have primarily consister you filed for bankruptcy, do | \$1,775.00 \$1,775.00 \$310.00 Bankruptcy Ir debts? umer debts. Consumer debts old purpose." id you pay any creditor a total id a total of \$6,425* or more in ints for domestic support oblig this bankruptcy case. Its after that for cases filed on umer debts. | of \$6,425* or more/ n one or more paym ations, such as child or after the date of a | .S.C. § 101(8) a ? ents and the total support and ali | al amount you |
| For (Ja | the calennuary 1 to | dar year bet December 3 t Certain Pa r Debtor 1's Neither De individual p During the No. Yes * Subject to During the | or Debtor 2 bottor 1 nor Eprimarily for a 90 days befor Go to line 7 List below a paid that or not include to adjustmen or Debtor 2 or 90 days befor Go to line 7 List below a include pay | Interest / Dividends I Made Before You Filed for I's debts primarily consume Debtor 2 has primarily considered for bankruptcy, do To each creditor to whom you pareditor. Do not include payment payments to an attorney for the ton 4/01/19 and every 3 years For both have primarily considered you filed for bankruptcy, do To each creditor to whom you pareditor. | \$1,775.00 \$1,775.00 \$310.00 Bankruptcy Ir debts? umer debts. Consumer debts old purpose." id you pay any creditor a total id a total of \$6,425* or more in ints for domestic support oblig this bankruptcy case. Its after that for cases filed on umer debts. | of \$6,425* or more'n one or more paymations, such as child or after the date of a of \$600 or more? | .S.C. § 101(8) a ? ents and the total support and aliadjustment. | al amount you mony. Also, do itor. Do not |
| For (Ja | the calennuary 1 to the calennuary 1 to tt3: Lis Are eithe No. | dar year bet December 3 t Certain Pa r Debtor 1's Neither De individual p During the No. Yes * Subject to During the | yments You or Debtor 2 ebtor 1 nor E orimarily for a 90 days befor Go to line 7 List below 6 paid that cr not include to adjustmen or Debtor 2 of 90 days befor 90 days befor 10 days days befor 10 days days days days days days days days | Interest / Dividends I Made Before You Filed for It's debts primarily consume Debtor 2 has primarily consume a personal, family, or househo ore you filed for bankruptcy, d T. each creditor to whom you pa reditor. Do not include payme payments to an attorney for t at on 4/01/19 and every 3 year or both have primarily consumpted to the payme you filed for bankruptcy, d T. each creditor to whom you payments for domestic support of | \$1,775.00 \$310.00 \$310.00 Bankruptcy In debts? In debts. Consumer debts In debts of the consumer debts In debts of the consumer debts In depth of the | n one or more paym ations, such as child or after the date of a of \$600 or more? | .S.C. § 101(8) a ? ents and the total support and aliadjustment. | al amount you mony. Also, do itor. Do not e payments to an |

| Debt Debt | | Levi L. Jones Martha J. Jones | | Cas | se number (if known) | 19-60110 | |
|--------------|-------------------------|--|---|---|--|--------------------------------|--|
| 1 0 | <i>Inside</i> of whi | n 1 year before you filed for bankruptoers include your relatives; any general paich you are an officer, director, person in iness you operate as a sole proprietor. 1 ny. | artners; relatives of any gene control, or owner of 20% or | eral partners; partners more of their voting | erships of which you g securities; and an | u are a genera y managing a | I partner; corporations gent, including one for |
| i | _ | No Yes. List all payments to an insider. | | | | | |
| | | der's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for | this payment |
| i | nside nclud | n 1 year before you filed for bankruptoer? de payments on debts guaranteed or cos | | ments or transfer a | any property on ac | count of a de | bt that benefited an |
| i | _ | Yes. List all payments to an insider | | | | | |
| | | der's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for to | t his payment tor's name |
| Part | | Identify Legal Actions, Repossession | | | | | |
| [| Case Case | ications, and contract disputes. No Yes. Fill in the details. e title e number v. Martha Jones 2018-947 | Nature of the case Debt Collection | Court or agency Ravalli County Court | | Status of the | |
| _ | | | | 205 Bedford St Hamilton, MT 5 | | ☐ Conclude | |
| | | n 1 year before you filed for bankrupte k all that apply and fill in the details below | | rty repossessed, f | oreclosed, garnis | hed, attached | , seized, or levied? |
| i I | | No. Go to line 11. Yes. Fill in the information below. | | | | | |
| | Cred | litor Name and Address | Describe the Property | | Date | | Value of the property |
| | | | Explain what happened | | | | |
| i | ■ N | n 90 days before you filed for bankrup unts or refuse to make a payment bec No Yes. Fill in the details. | | uding a bank or fil | nancial institution, | , set off any a | mounts from your |
| | Cred | litor Name and Address | Describe the action the | creditor took | Date a | action was | Amount |
| | court _ | n 1 year before you filed for bankrupto -appointed receiver, a custodian, or a | | rty in the possess | ion of an assignee | for the bene | fit of creditors, a |
| ĺ | _ | Yes | | | | | |

| Debtor 1 Levi L. Jones Debtor 2 Martha J. Jones | Case | number (if known) 19-60110 | |
|--|--|---|-------------------------|
| Part 5: List Certain Gifts and Contribution | ns | | |
| 13. Within 2 years before you filed for bank ■ No □ Yes. Fill in the details for each gift. | cruptcy, did you give any gifts with a total value o | f more than \$600 per person | n? |
| Gifts with a total value of more than \$6 per person Person to Whom You Gave the Gift and | · | Dates you gave the gifts | Value |
| Address: 14. Within 2 years before you filed for bank ■ No □ Yes. Fill in the details for each gift or | cruptcy, did you give any gifts or contributions wi | ith a total value of more than | n \$600 to any charity? |
| Gifts or contributions to charities that more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Co | · | Dates you contributed | Value |
| Part 6: List Certain Losses | | | |
| 15. Within 1 year before you filed for bankr or gambling? ☐ No ☐ Yes. Fill in the details. Describe the property you lost and how the loss occurred | Describe any insurance coverage for the loss | Date of your | Value of property |
| | Include the amount that insurance has paid. List p insurance claims on line 33 of Schedule A/B: Prop | perty. | |
| Approximately \$2,000 lost to gambling | None | Various dates | \$2,000.00 |
| consulted about seeking bankruptcy or | uptcy, did you or anyone else acting on your beh | | erty to anyone you |
| □ No | | | |
| Yes. Fill in the details. | | | |
| Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not | Description and value of any property transferred You | Date payment or transfer was made | Amount of payment |
| Murphy Law Offices 127 N. Higgins, Ste. 207 Missoula, MT 59802 | | Feb. 2019 | \$800.00 |
| 001Debtorcc, Inc. | | Feb. 2019 | \$14.95 |
| www.debtoredu.com | | | |

| Debtor 1 Debtor 2 | | | Ca | ase number (if kno | own) 19-60110 | |
|----------------------|--|--|---|--------------------|---------------------------------------|---|
| pro | nin 1 year before you filed for bankrup mised to help you deal with your cred not include any payment or transfer that | itors or to make payment | | | ansfer any prope | erty to anyone who |
| | No Yes. Fill in the details. | | | | | |
| | rson Who Was Paid dress | Description and transferred | value of any prope | OI | ate payment r transfer was nade | Amount of payment |
| tran Inclu | nin 2 years before you filed for bankru sferred in the ordinary course of your ude both outright transfers and transfers ude gifts and transfers that you have alre No | r business or financial aff made as security (such as | airs? the granting of a se | | • • | |
| | Yes. Fill in the details. rson Who Received Transfer dress | Description and property transfer | | | eived or debts | Date transfer was made |
| Pei | rson's relationship to you | | | paid in excha | nge | |
| Au | stin Christopher evensville, MT 59870 | 1989 Chevy Pic | ckup | \$2,000 | | August, 2018 |
| No | ne | | | | | |
| Na | Yes. Fill in the details. me of trust | Description and | value of the proper | rty transferred | | Date Transfer was made |
| Part 8: | List of Certain Financial Accounts, | Instruments, Safe Depos | it Boxes, and Stora | age Units | | |
| solo Incl | nin 1 year before you filed for bankrup I, moved, or transferred? ude checking, savings, money market ses, pension funds, cooperatives, ass | t, or other financial accou | ınts; certificates of | _ | | |
| | No | sociations, and other ima | nciai mstitutions. | | | |
| No | Yes. Fill in the details. | Look 4 digito of | Town of account | Data a | | l aat halanaa |
| | me of Financial Institution and dress (Number, Street, City, State and ZIP e) | Last 4 digits of account number | Type of account instrument | | | Last balance before closing or transfer |
| 22 | cky Mountain Bank 0 Main Street evensville, MT 59870 | XXXX- | ■ Checking □ Savings □ Money Market □ Brokerage □ Other | April, t | 2018 | \$0.00 |
| | you now have, or did you have within h, or other valuables? | 1 year before you filed fo | r bankruptcy, any | safe deposit bo | x or other depos | itory for socurities |
| | | | | | | sitory for securities, |
| ■ | No Yes. Fill in the details. | | | | | niory for securities, |

| | otor 1 Levi L. Jones otor 2 Martha J. Jones | | Case number (if known) | 19-60110 | |
|-------------|---|---|---------------------------|--------------------|-----------------------|
| 22. | Have you stored property in a storage unit or p | lace other than your home within 1 | l year before you filed f | or bankruptcy? | |
| | ■ No □ Yes. Fill in the details. | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) | Describe the contents | • | Do you still have it? |
| Par | t 9: Identify Property You Hold or Control for | Someone Else | | | |
| 23. | Do you hold or control any property that some for someone. | one else owns? Include any prope | rty you borrowed from, | are storing for, | or hold in trust |
| | No No | | | | |
| | ☐ Yes. Fill in the details. Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the property? (Number, Street, City, State and ZIP Code) | Describe the property | , | Value |
| Par | t 10: Give Details About Environmental Inform | ation | | | |
| For | the purpose of Part 10, the following definitions | apply: | | | |
| | Environmental law means any federal, state, or toxic substances, wastes, or material into the a regulations controlling the cleanup of these su | air, land, soil, surface water, groun | • • | | |
| | Site means any location, facility, or property as to own, operate, or utilize it, including disposal | - | law, whether you now o | own, operate, o | r utilize it or used |
| | Hazardous material means anything an environ | nmental law defines as a hazardous | s waste, hazardous sub | stance, toxic s | ubstance, |
| _ | hazardous material, pollutant, contaminant, or | | | | |
| - | ort all notices, releases, and proceedings that y Has any governmental unit notified you that yo | | • | f an anvironma | ntal law? |
| 44 . | _ | u may be hable of potentially hable | s under or in violation o | i ali elivilolille | iitai iaw : |
| | ■ No □ Yes. Fill in the details. | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State an ZIP Code) | Environmental law know it | v, if you | Date of notice |
| 25. | Have you notified any governmental unit of any | release of hazardous material? | | | |
| | ■ No □ Yes. Fill in the details. | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State an ZIP Code) | Environmental law know it | , if you | Date of notice |
| 26. | Have you been a party in any judicial or admini | strative proceeding under any env | ironmental law? Include | e settlements a | nd orders. |
| | ■ No □ Yes. Fill in the details. | | | | |
| | Case Title Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case | | Status of the case |
| Par | t 11: Give Details About Your Business or Cor | nnections to Any Business | | | |
| 27. | Within 4 years before you filed for bankruptcy, ☐ A sole proprietor or self-employed in a | - | • | • | business? |
| | ☐ A member of a limited liability company | (LLC) or limited liability partnersh | nip (LLP) | | |

| | otor 1 otor 2 | | | Case number (if known) | 19-60110 |
|-----------------------|-----------------------|---|--|--------------------------|---------------------------------|
| | | | | | |
| | | ☐ A partner in a partnership | | | |
| | | ☐ An officer, director, or managing ex | ecutive of a corporation | | |
| | | ☐ An owner of at least 5% of the votin | g or equity securities of a corporation | | |
| | | No. None of the above applies. Go to I | Part 12. | | |
| | | Yes. Check all that apply above and fill | I in the details below for each business | i. | |
| | | siness Name | Describe the nature of the business | Employer Identif | |
| | | dress mber, Street, City, State and ZIP Code) | Name of accountant or bookkeeper | Do not include s | Social Security number or ITIN. |
| | | | | Dates business | existed |
| 28. | | nin 2 years before you filed for bankrupt itutions, creditors, or other parties. | tcy, did you give a financial statement t | o anyone about your l | ousiness? Include all financial |
| | | No | | | |
| | | Yes. Fill in the details below. | | | |
| | | me dress mber, Street, City, State and ZIP Code) | Date Issued | | |
| Par | t 12: | Sign Below | | | |
| are t with 18 U | true a ba J.S.C | ad the answers on this Statement of Fir and correct. I understand that making a ankruptcy case can result in fines up to . §§ 152, 1341, 1519, and 3571. i L. Jones | false statement, concealing property, | or obtaining money or | |
| | | Jones | Martha J. Jones | | |
| | | re of Debtor 1 | Signature of Debtor 2 | | |
| Dat | e l | March 2, 2019 | Date <u>March 2, 2019</u> | | |
| Did ■ N □ Y | lo | attach additional pages to <i>Your Stateme</i> | ent of Financial Affairs for Individuals F | Filing for Bankruptcy (| Official Form 107)? |
| Did : | - | pay or agree to pay someone who is no | t an attorney to help you fill out bankru | ptcy forms? | |
| ΠY | es. N | Name of Person Attach the Bankru | ptcy Petition Preparer's Notice, Declaration | on, and Signature (Offic | al Form 119). |

| Fill in this information to identify your case: | | | | | | |
|---|----------|--|--|--|--|--|
| United States Bankruptcy Court for the: | | | | | | |
| DISTRICT OF MONTANA | | | | | | |
| | | | | | | |
| Case number (if known): | 19-60110 | | | | | |

Official Form 121

Statement About Your Social Security Numbers

12/15

Use this form to tell the court about any Social Security or federal Individual Taxpayer Identification numbers you have used. Do not file this form as part of the public case file. This form must be submitted separately and must not be included in the court's public electronic records. Please consult local court procedures for submission requirements.

To protect your privacy, the court will not make this form available to the public. You should not include a full Social Security Number or Individual Taypayer Number on any other document filed with the court. The court will make only the last four digits of your numbers known.

| Part 1: Tell the Court Abo | out Yourself and Your spouse if Your Spouse is Filing | |
|--|--|--|
| | For Debtor 1: | For Debtor 2 (Only if Spouse is Filing:) |
| . Your name | Levi | Martha |
| | First name | First name |
| | L | J. |
| | Middle name | Middle name |
| | Jones | Jones |
| | Last name | Last name |
| 2. All Social Security Numbers you have used | 517-17-2302 | 574-02-8935 |
| | ☐ You do not have a Social Security Number | ☐ You do not have a Social Security Number |
| All federal Individual Taxpayer Identification | | |
| Numbers (ITIN) you have used | ■ You do not have an ITIN. | ■ You do not have an ITIN. |
| art 3: Sign Below | | |
| | Under penalty of perjury, I declare that the information I have provided in this form is true and correct. | Under penalty of perjury, I declare that the information I have provided in this form is true and correct. |
| | X /s/ Levi L. Jones | X /s/ Martha J. Jones |
| | | |
| | | |
| | X /s/ Levi L. Jones Levi L. Jones Signature of Debtor 1 | X /s/ Martha J. Jones Martha J. Jones Signature of Debtor 2 |
| | | |

United States Bankruptcy Court District of Montana

| In re | Levi L. Jones Martha J. Jones | | Case No. | 19-60110 | | |
|---------------|---|--------------------------------------|---|--|--|--|
| | | Debtor(s) | Chapter | 13 | | |
| | DISCLOSURE OF COMPI | | | | | |
| cc | oursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2010 compensation paid to me within one year before the file rendered on behalf of the debtor(s) in contemplation | ling of the petition in bankruptcy | , or agreed to be paid t | to me, for services rendered or to | | |
| | | | | 3,810.00 | | |
| | Prior to the filing of this statement I have received | d | \$ | 800.00 | | |
| | Balance Due | | \$ | 3,010.00 | | |
| 2. T | he source of the compensation paid to me was: | | | | | |
| | ■ Debtor □ Other (specify): | | | | | |
| 3. T | he source of compensation to be paid to me is: | | | | | |
| | ■ Debtor □ Other (specify): | | | | | |
| 4 . | I have not agreed to share the above-disclosed con | npensation with any other person | unless they are memb | pers and associates of my law firm. | | |
| | I have agreed to share the above-disclosed comper copy of the agreement, together with a list of the n | | | | | |
| 5. Iı | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: | | | | | |
| b. c. | Analysis of the debtor's financial situation, and ren Preparation and filing of any petition, schedules, st Representation of the debtor at the meeting of cred [Other provisions as needed] | atement of affairs and plan which | n may be required; | | | |
| - | Negotiations with secured creditors to reaffirmation agreements and applicat 522(f)(2)(A) for avoidance of liens on h | ions as needed; preparation | emption planning; and filing of motion | preparation and filing of one pursuant to 11 USC | | |
| 6. B | y agreement with the debtor(s), the above-disclosed in Representation of the debtors in any other adversary proceeding. | | | es, relief from stay actions or | | |
| | | CERTIFICATION | | | | |
| | certify that the foregoing is a complete statement of a α nkruptcy proceeding. | any agreement or arrangement for | r payment to me for re | presentation of the debtor(s) in | | |
| Ма | arch 2, 2019 | /s/ Edward A. Mu | rphy | | | |
| Da | te | Edward A. Murph | | | | |
| | | Signature of Attorne Murphy Law Offi | | | | |
| | | 127 N. Higgins, S | ite. 207 | | | |
| | | Missoula, MT 598 | 302 Fax: (866) 705-2260 | | | |
| | | rusty@murphyla | | | | |
| | | Name of law firm | | | | |

MONTANA CHAPTER 13 MODEL RETENTION AGREEMENT

Rights and Responsibilities Agreement Between Chapter 13 Debtors and Their Attorneys

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure – but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is crucial. Debtors are entitled to expect certain services will be performed by their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the Bankruptcy Court for the District of Montana has approved the following agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys. By signing this agreement, debtors and their attorneys accept these responsibilities.

I. BEFORE THE CASE IS FILED

A. THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

B. THE ATTORNEY AGREES TO:

- 1. Personally meet with the debtor to discuss and analyze the debtor's situation and objectives in filing the case, and recommend a solution.
- 2. Personally counsel the debtor regarding the advisability of filing either a Chapter 7 or a Chapter 13 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 3. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in this case; and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 4. Obtain a credit report pertaining to the debtor, and check the national PACER database to confirm whether the debtor has previously filed a bankruptcy case.
- 5. Timely prepare, revise, finalize and file the debtor's petition, plan, statements, schedules, and other related forms, and other documents necessary for prosecuting the debtor's bankruptcy case.
- 6. Carefully review with the debtor and sign, as appropriate, the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later.

- 7. Advise the debtor of the need to maintain appropriate insurance.
- 8. Advise the debtor of the need to file all appropriate income and other tax returns.
- 9. Advise the debtor as to the steps necessary to obtain a discharge.

II. AFTER THE CASE IS FILED

A. THE DEBTOR AGREES TO:

- 1. Make the required plan payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear at the meeting of creditors (also called the "§ 341(a) meeting") with recent proof of income, picture identification, and proof of the debtor's social security number, and any other required information.
- 3. Notify the attorney and the trustee of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishment, levies, liens or repossessions of or on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce).
- 7. Provide the attorney and the trustee with copies of income tax returns, and provide the trustee with any refunds received, as required by the Court's Income Tax Order. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS, the State of Montana, or other entities.
- 8. Contact the attorney before buying, refinancing or selling any property, real or personal, and before entering into any loan agreement.
- 9. Cooperate with the attorney and the trustee in regard to questions about the allowance or disallowance of claims.

B. THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of that meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.

- 3. Appear and provide knowledgeable legal representation for the debtor at the § 341(a) meeting of creditors and at any hearing, plan confirmation hearing, and/or plan modification hearing.
- 4. If the attorney finds it necessary for another attorney to appear and attend the § 341(a) meeting or any court hearing, personally explain to the debtor, in advance, the role and identity of the other attorney; obtain the debtor's informed consent to the retention of co-counsel; and provide the other attorney with the file in sufficient time to review it, meet with the debtor, and properly represent the debtor.
- 5. Ensure timely submission to the trustee of properly documented proof of income for the debtor, including business books and records for self-employed debtors.
- 6. Initiate and respond to all routine correspondence and calls to and from the trustee, the United States Trustee, and/or creditors necessary to the timely administration of the debtor's case.
- 7. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 8. Timely prepare, file, and serve any necessary amended statements and schedules and any change of address, in accordance with information provided by the debtor.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Evaluate claims which are filed and, where appropriate, object to filed claims.
- 13. Timely respond to the trustee's motion to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the payments into the plan.
- 14. Timely respond to motions for relief from stay or valuation of property.
- 15. Attend any hearings concerning relief from the automatic stay or valuation of property, or concerning objections to the debtor's claims of exemptions.
- 16. Prepare, file, and serve all appropriate motions to avoid liens, if not included in the plan.
- 17. Provide any other legal services necessary for the administration of this case before the Bankruptcy Court, and to ensure the debtor receives a discharge.

ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES

Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case, unless otherwise ordered by the court. For such services, as set forth above, the attorney will be paid a fee not to exceed \$3,500.00; and the

attorney may receive reimbursement for the payment of costs in an amount not to exceed \$500.00, inclusive of the fee paid to the Clerk of the Court to file the debtor's petition.

The attorney may apply to the court for additional compensation. Any such application must be accompanied by an affidavit of the attorney, and include an itemization of the services rendered, showing the date, the time expended, the identity of the attorney or other person performing the services, the rate(s) charged, and the total amount sought. Such an application must be set for a hearing before the Court. The debtor must be served with a copy of the application, affidavit, and notice of hearing, and advised of the right to appear in court to comment on or object to such application. The debtor is hereby informed that, in the event of such a request, fees shall be calculated or claimed at the following hourly rate(s): \$200.00.

The attorney may receive some portion of the described fee before the filing of the case. The attorney may not receive payment on the fee directly from the debtor after the filing of the case, but must receive any remaining portion of such fee through the plan. In addition to other disclosures required by the Rules, the attorney shall disclose, in any application for additional fees, any and all fees or expenses previously paid by the debtor, pursuant to Mont. LBF 17.

If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, including the fees or expenses charged, the debtor may file an objection with the Court and request a hearing.

If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise not engaging in proper conduct, the attorney may apply for an order allowing the attorney to withdraw from the case.

The debtor may discharge the attorney at any time.

Date: 1-31-19

Debtor

Date: 1-31-19

Date: 1-31-19

Date: 1-31-19

Date: 1-31-19

Date: 1/31/19